

# Cash Assistance Program for Immigrants (CAPI) Program Guide (PG) Letter No. 22

July 17, 2009

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<b>Subject</b>	<b>CAPI PENDING VERIFICATIONS, AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA), OVERPAYMENT NOTICE REMINDER, AND INDIGENCE EXCEPTION DETERMINATION</b>
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<b>Effective date</b>	Upon receipt
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<b>Reference</b>	<ul style="list-style-type: none"><li>• All County Information Notice (ACIN) I-33-09</li><li>• All County Letter (ACL) 02-63</li><li>• State Clarification</li><li>• SSI POMS SI 00601.100.C</li></ul>
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<b>Purpose</b>	<p>The purpose of this CAPI PG Letter is to provide:</p> <ul style="list-style-type: none"><li>• Clarification on the timeline for pending applications;</li><li>• Information on the treatment of ARRA income;</li><li>• A reminder for the Overpayment Notice; and</li><li>• Instructions for the Indigence Exception Determination.</li></ul>
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<b>Background</b>	<p>The CAPI PG states that an application may be pended for seven days when an applicant must be referred to Social Security (SSA) to apply for SSI.</p>
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The ARRA was signed into law on February 17, 2009.

[CAPI PG 99-109](#) provides the policies and procedures related to calculating and notifying recipients of CAPI overpayments and underpayments, as well as overpayment recovery.

The new deeming rules implemented with the New Affidavit inadvertently left out the indigence exception. These instructions are now being added to the CAPI PG.

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<b>Pending Verifications</b>	Since CAPI follows Supplemental Security Income (SSI) rules worker must allow the applicant 30 days to provide requested verifications.
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**ARRA Income** ARRA provides for a one-time economic recovery payment (ERP) of \$250 to certain individuals who receive Social Security, SSI, Railroad Retirement or Veterans benefits. SSA has indicated that they expect the payments will be delivered by the end of May 2009.

Pursuant to ARRA, the one-time ERP will not be counted as income and will not be counted as a resource for the month of receipt and the following nine months for purposes of determining SSI eligibility or payment amount. Since state law requires that federal laws governing SSI also govern CAPI, the one-time ERP will be treated the same in determining CAPI eligibility and payment amounts as it is for SSI eligibility and payment amounts.

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**Indigence  
Exception  
Determination**

Generally, if a non-citizen's sponsor signed the New Affidavit, the income and resources of the sponsor (and the sponsor's spouse if living in the same household) are deemed to the non-citizen for purposes of determining CAPI eligibility and grant amount. This general rule is suspended under the indigence exception. When deeming is suspended under this exception, the only income from the sponsor that is counted against the non-citizen is the amount of cash or in-kind income that the non-citizen actually receives from the sponsor. A sponsor's resources are considered to be the non-citizen's resources only if the non-citizen has an ownership interest in them, can convert them to cash, and is not legally restricted from using them.

***Application of the Exception***

The indigence exception applies when:

- Sponsor deeming results in denial, suspension, or reduction of CAPI benefits;
- The non-citizen is unable to obtain both food and shelter;
- The non-citizen completes and signs the Indigence Exception Statement (SOC 809); and
- The worker determines that the indigence exception applies.

The indigence exception does not apply when:

- The non-citizen lives with his/her sponsor; or
- The non-citizen lives with someone other than the sponsor and receives free room and board.

In determining if the non-citizen is unable to obtain food and shelter consider:

- All of the non-citizen's own income and resources (including SSI and other income that was excluded when determining CAPI, such as General Relief (GR) and Food Stamps);
- The income and resources of the non-citizen's spouse (if living

- together) or parent(s) (if living with the minor non-citizen); and
- Any cash, food, housing, or other assistance provided by other individuals or agencies (including the sponsor).

While income otherwise excluded for CAPI is counted in the indigence test, do not count items that are not income. Also, in-kind support and maintenance (ISM) should be counted at its actual value, not the presumed maximum value (PMV). In determining the non-citizen's resources for the indigence test, include all liquid resources, even excluded liquid resources such as burial funds.

If the non-citizen is living apart from his/her sponsor and not receiving free food and shelter in another person's household determine that the non-citizen is unable to obtain food and shelter if:

- The total income that the non-citizen receives from all sources is less than the federal SSI rate; and
- The resources available to the non-citizen are less than the applicable CAPI resource limit.

#### ***Period When the Indigence Exception Applies***

When the criteria for this exception are met, deeming is suspended for 12 consecutive months. The 12-month period can begin at any time when all of the conditions are met. It can be effective with the first month of eligibility or in a subsequent month. During the 12 consecutive months of suspension, sponsor deeming does not apply, even if the non-citizen ceases to meet the indigence test. However, any changes in the non-citizen's income, including changes in the amount of income or in-kind support provided by the sponsor, are counted as income and would affect the CAPI payment amount.

#### ***How Income and Resources Are Counted During the Exception Period***

When deeming is suspended under this exception, the usual income policies are applied to any contributions that the non-citizen receives from the sponsor or any other source. So, only the income that the non-citizen actually receives is counted for CAPI purposes. Under the indigence exception, if the sponsor provides no income or support, no income from the sponsor is chargeable.

Under the indigence exception, the resources policy will apply in determining countable resources for CAPI applicants/recipients; the sponsor's resources will not be deemed to the non-citizen.

#### ***Referral of Cases to the Citizenship and Immigration Services (CIS)***

CIS is tracking the failure of sponsors to adequately support those sponsored. Federal law requires that CIS be notified in every case where the indigence exception applies. When the worker approves

the indigence exception that allows CAPI eligibility, the worker must notify CIS of that fact and send a copy of the notification to the California Department of Social Services (CDSS). The worker must send the notification to the addresses on the form SOC 813.

***Worker Responsibilities in Applying the Indigence Exception***

- Obtain completed form SOC 809 signed by the non-citizen regarding his/her living arrangements and income.
- Contact the sponsor to confirm the non-citizen's allegations regarding the amounts of income and resources that the sponsor provides or makes available to the non-citizen. If the sponsor's whereabouts are unknown, contact CIS using Document Verification Request (G-845) to obtain the sponsor's address. If the worker cannot locate the sponsor, accept the non-citizen's signed allegation if the allegation is credible and does not conflict with other information in the file. If the sponsor's whereabouts are known, it is the non-citizen's responsibility to ensure that the sponsor provides confirmation of the non-citizen's allegations.
- Determine if the indigence exception applies. Include a written determination (SOC 813) in the case file. If it does apply:
  - Determine the amount of income the non-citizen receives and resources available to the non-citizen. Determine CAPI eligibility and payment amount based on these figures.
  - Send a copy of the SOC 813 form to CIS and CDSS.

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**Multiple Deeming Situations**

For non-citizens whose sponsor signed the New Affidavit, if the sponsor is also the non-citizen's ineligible spouse or parent, sponsor deeming, not spousal or parental deeming, applies in the CAPI case. This is the reverse of the policy that applies for Old Affidavit cases.

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**Overpayment Notice Reminder**

When an overpayment is identified, the NA 1217, Notice of Overpayment, must be sent to the recipient and recovery efforts must be taken as appropriate. In addition, ensure that all overpayments are captured on the Quarterly Report of Overpayments and Collections CAPI form (SOC 808).

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**Forms impact**

The SOC 809 and SOC 813 have been uploaded into iWay and are available to be ordered.

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**Automation Impact**

No impact as CalWIN is correctly giving a due date 30 days after the date of request for verifications/information on the Verification Checklist.

Change Request (CR) 4670 has been opened to address the Indigence Exception. At this time, there is no CalWIN BENDS to address this issue. Until further instructions are received, if a CAPI applicant/recipient meets the requirements for the Indigence Exception, the sponsor's income and/or resources should not be entered in CalWIN so that the case will not fail. Only enter the actual income that the non-citizen receives.

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**Quality Assurance impact**

The California Department of Social Services has not specified a Quality Assurance requirement for CAPI and appeals are handled through the usual State hearing process.

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**Changes**

The table below shows the changes to the CAPI PG.

Section	Changes
99-100.2.I	Added requirement to allow 30 days to provide pending verifications.
99-101.3	Added instructions for the Indigence Exception and multiple deeming situations.
99-103.2.B	Added the \$250 ERP payment as exempt income.
99-103.6	Added information about the Indigence Exception.
99-104.2	Added information about the Indigence Exception.
99-104.4	Added the \$250 ERP payment as exempt resources for the month of receipt and the following nine months.

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**Manager approval**

ORIGINAL SIGNED BY:

Jaye Yoshonis, Assistant Deputy Director  
Self-Sufficiency Programs  
Strategic Planning & Operational Support Division

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**CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)  
INDIGENCE EXCEPTION STATEMENT**

NAME OF CAPI APPLICANT OR RECIPIENT	SOCIAL SECURITY NUMBER
NAME OF PERSON MAKING STATEMENT (IF DIFFERENT)	RELATIONSHIP

I am applying for the Indigence Exception because:

- ☐ I am currently unable to obtain food and shelter with the support I am receiving from my sponsor(s) plus my own income and resources, and
- ☐ I am not currently living with my sponsor(s).

I am currently receiving the following support from my sponsor(s) (Enter "none" if no support is received):

SOURCE OF SUPPORT	TYPE OF SUPPORT (CASH OR IN-KIND)	AMOUNT OF SUPPORT
		\$
		\$
		\$

I understand that I must report any changes in the income I receive from my sponsor (or anyone else) to my county worker.

I understand that this situation must be reported to the Immigration and Naturalization Service (INS) in accordance with federal law.

I/we understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime that may be punishable under State law.

I/we certify under penalty of perjury that the statements given on this form are the truth as I/we know it.

SIGNATURE OF RECIPIENT	DATE:	PHONE NUMBER:
		( )
SIGNATURE OF SPOUSE	DATE:	
WITNESS, IF YOU SIGNED WITH AN "X"	DATE:	
SIGNATURE OF INTERPRETER OR PERSON COMPLETING FORM ON YOUR BEHALF:	DATE:	
RELATIONSHIP TO RECIPIENT:	PHONE NUMBER:	
	( )	

**PRIVACY NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-579, Sec.7), notice is hereby given for the request of social security number information by this form. This personal information is requested pursuant to the provisions of 8 U.S.C. Section 1631, the Social Security Administration's Program Operations Manual System, Section SI 00502.280H, and CDSS All-County Letter 02-63. Disclosure of the requested personal information is voluntary. The principal purpose of the voluntary information is to identify the applicant and thereby facilitate the processing of the form. Failure to provide the requested information may delay or prevent processing of the form.

## PROGRAMA DE ASISTENCIA MONETARIA PARA INMIGRANTES (CAPI) DECLARACION DE EXCEPCION POR INDIGENCIA

NOMBRE DEL SOLICITANTE O BENEFICIARIO DE CAPI:	NUMERO DE SEGURO SOCIAL:
NOMBRE DE LA PERSONA QUE ESTA HACIENDO LA DECLARACION (SI ES DIFERENTE):	RELACION/PARENTESCO:

Estoy solicitando la excepción por indigencia porque:

- ☐ Actualmente no puedo obtener comida ni hospedaje con el mantenimiento que recibo de mis patrocinadores, además de mis propios ingresos y recursos, y
- ☐ Actualmente no estoy viviendo con mis patrocinadores.

Actualmente estoy recibiendo el siguiente mantenimiento por parte de mis patrocinadores.  
(Escriba "ninguno" si no recibe mantenimiento.):

FUENTE DE MANTENIMIENTO	TIPO DE MANTENIMIENTO (MONETARIO O DE OTRO TIPO)	CANTIDAD DEL MANTENIMIENTO
		\$
		\$
		\$

Yo entiendo que tengo que reportar cualquier cambio en los ingresos que reciba de mis patrocinadores (o de cualquier otra persona) al trabajador del Condado encargado de mi caso.

Yo entiendo que esta situación se tiene que reportar al Servicio de Inmigración y Naturalización (INS) de acuerdo con la ley federal.

Yo (o nosotros) entiendo que cualquier persona que con conocimiento miente o falsifica la información o hace arreglos para que alguien más mienta o falsifique la información está cometiendo un crimen que puede ser castigado bajo la ley estatal.

Yo (o nosotros) certifico bajo pena de perjurio que la información en este formulario es la verdad tal como la conozco.

FIRMA DEL BENEFICIARIO:	FECHA:	NUMERO DE TELEFONO: (     )
FIRMA DEL ESPOSO(A):	FECHA:	
FIRMA DE UN TESTIGO, SI FIRMO CON UNA "X":	FECHA:	
FIRMA DEL INTERPRETE O DE LA PERSONA QUE COMPLETE ESTE FORMULARIO A NOMBRE DE USTED:	FECHA:	
RELACION/PARENTESCO CON EL BENEFICIARIO:	NUMERO DE TELEFONO: (     )	

### AVISO RELACIONADO A LA CONFIDENCIALIDAD DE LA INFORMACION PERSONAL

De acuerdo a lo estipulado en la Sección 7 del Decreto Federal sobre la Confidencialidad (P.L. 93-579), se proporciona este aviso en relación al número de Seguro Social que se solicita en este formulario. Esta información personal se solicita de acuerdo a lo estipulado en la Sección 1631 del Código 8 del Código de los Estados Unidos (U.S.C.), la Sección SI 00502.280H del Sistema de los Manuales de Operaciones del Programa de la Administración del Seguro Social, y a la Carta Circular 02-63 del Departamento de Servicios Sociales de California a todos los condados. La divulgación de la información que se solicita es voluntaria. El propósito principal de la información voluntaria es identificar al solicitante y así facilitar la tramitación del formulario. El no proporcionar la información que se solicita podría demorar o impedir la tramitación de este formulario.

# **CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) INDIGENCE EXCEPTION DETERMINATION**

NAME OF APPLICANT/RECIPIENT		SOCIAL SECURITY NUMBER
NAME OF APPLICANT/RECIPIENT (SPOUSE)		SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF SPONSOR	SPONSOR'S SOCIAL SECURITY NUMBER	NAME OF SPONSORED IMMIGRANT
NAME OF SPONSOR	SPONSOR'S SOCIAL SECURITY NUMBER	NAME OF SPONSORED IMMIGRANT

## **Living Arrangements**

- ☐ Is NOT living with sponsor
 ☐ Living with sponsor  
☐ Lives with others and pays for room and board
 ☐ Lives with others and receives Free room and board  
☐ Lives Independently

## **Income**

Total cash and in-kind contributions from sponsor(s)	\$
Total cash and in-kind contributions from others	\$
Total of recipient's/applicant's other income (including spouse's if living together)	\$
Total of income from all sources	\$
<b>Federal SSI rate</b>	\$

## **Resources**

Sponsor(s)' resources available to applicant/recipient	\$
Applicant's/recipient's own resources (including spouse's if living together)	\$
Total resources available to applicant/recipient	\$
Federal SSI resource limit (\$2,000 for an individual, \$3,000 for a couple)	\$

## **Comments**

**Based on the information summarized on this form, it is determined that the indigence exception: (check one box)**

☐ **does**
☐ **does not**
**apply to the applicant(s) recipient(s) named above.**

SUPERVISOR'S SIGNATURE	DATE	WORKER	DATE
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CAPI is a public assistance program funded by the State of California. If the indigence exception is being applied to the applicant/recipient named on this form, forward a copy of this form to:

Office of Program and Regulation Development  
U.S. Citizenship and Immigration Services  
20 Massachusetts Avenue NW  
Washington, DC 20529-0001

**AND**

California Department of Social Services  
Adult Programs Branch  
744 P Street, M.S. 19-96  
Sacramento, CA 95814-6413